MENTAL HEALTH PATIENT ADVOCATE OFFICE

1998 ANNUAL REPORT

Alberta
HEALTH

ALBERTA
HEALTH

Office of the Minister

The Honourable Kenneth R. Kowalski
Office of the Speaker
Legislative Assembly of Alberta
Room 325
Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mr. Speaker:

I have the honour to present the ninth Annual Report of the Mental Health Patient Advocate, which summarizes the activities of his office for the calendar year ending December 31, 1998.

Respectfully submitted,

Halvar C. Jonson

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Minister

228 Legislature Building, Edmonton, Alberta, Canada T5K 2B6 Telephone 403/427-3665 Fax 403/429-5954

Alberta
HEALTH
Mental Health Patient
Advocate Office

12th Floor, Centre West Bldg., 10035 – 108 Street, Edmonton, Alberta, Canada T5J 3E1 403/422-1812

The Honourable Halvar Jonson
Minister of Health
Room 228
Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Minister:

I am pleased to present you with the ninth Annual Report of the Mental Health Patient Advocate, summarizing activities for the calendar year ending December 31, 1998.

This report is submitted in accordance with the provisions of **section 47(1)** of the **Mental Health Act** for your presentation to the Legislative Assembly.

Respectfully submitted,

M. W. Hislop, PhD, CHE
Mental Health Patient Advocate

Contents

The Mental Health Patient Advocate Office

The Alberta **Mental Health Act** (1990) provides for the appointment of a Mental Health Patient Advocate to assist patients in designated psychiatric facilities to understand and exercise their rights. The Advocate's Office has authority to investigate concerns or complaints relating to patients who are certified and involuntarily detained under the **Act**. Systemic and rights related information pertaining to psychiatric patients and services are offered as well to the general public. The office also monitors statutory and regulatory changes pertaining to psychiatric services and makes recommendations to appropriate authorities regarding systemic problems, administrative policies and mental health legislation. Office representatives routinely attend fatality inquiries involving formal patients and make regular site visits to most designated hospitals around the province on both a proactive basis and in response to individual or collective complaints. The Patient Advocate reports directly to the Minister of Health, who in turn is statutorily required to lay copies of the Advocate's annual reports before the Legislative Assembly at times prescribed in the **Mental Health Act**.

Inquiries or concerns about any individual who is or has been a formal patient may be directed to the Patient Advocate Office. Formal patients are persons who are involuntarily detained in designated psychiatric facilities under two Admission or two Renewal Certificates as prescribed in the **Mental Health Act**. Thirteen hospitals throughout the province are currently designated as psychiatric facilities able to admit and detain formal patients; a listing of these is provided in the Appendices. If it is uncertain whether an individual who is the subject of concern has been formally certified under the **Act**, the Patient Advocate Office can be contacted and will determine the legal status of the patient before offering service.

Telephone inquiries may be directed to the downtown Edmonton office at **(780) 422-1812**; calls from locations outside the greater Edmonton area may be placed free of long-distance charges through the Alberta government RITE line **(310-0000-422-1812)**. Written complaints should contain as much detailed information as possible, be marked 'Confidential' and mailed directly to:

Office of the Mental Health Patient Advocate
12th Floor, Centre West Building
10035 – 108 Street
Edmonton, Alberta
T5J 3E1.

There are no limits on the kinds or numbers of complaints that may be made to the Patient Advocate Office, as long as issues requiring investigation relate to a period during which the person who is the subject of concern was certified under the **Mental Health Act**. When the Patient Advocate Office receives an inquiry or complaint, information will be provided concerning:

- the detailed rights of formal patients under the **Mental Health Act**;
- how formal patients may obtain legal assistance;
- how applications are made to the Review Panel;
- how appeals may be commenced to the Court of Queen's Bench.

The Patient Advocate Office initially reviews any issues presented in order to ensure that it has authority to pursue them. If the office does not have jurisdiction it may make general inquiries relating to the matter, but will do so only by way of informal assistance; no formal investigations can be undertaken. Non-jurisdictional issues are referred to an appropriate office or agency having authority to address the problem, if such sources are available. In this regard, the Patient Advocate maintains open and reciprocal communications with a wide range of authorities offering mechanisms for redressing public concerns.

If issues presented are jurisdictional, a decision is made as to whether the concerns raised require a formal investigation. Whenever possible the office attempts to resolve matters informally; 'official' procedures are not normally needed to address most concerns presented by or on behalf of formal patients. Where allegations are of a sensitive nature or serious accusations are made against specifically named individuals, however, formal investigative protocols become mandatory. In these instances, the Patient Advocate is required to provide written notification to any patient who is the subject of an investigation, the Boards of all facilities involved, and any other persons named in the complaints. An investigator is assigned to interview principal parties and review relevant clinical charts, administrative records and other documents relating to the issues raised. All inquiries necessary to complete the investigation are undertaken, and the office can engage the services of lawyers, psychiatrists or other specialists to assist in this process, if required. The Advocate's office does not need a complaint in order to initiate an inquiry or investigation into facility procedures for admitting persons detained under the **Mental Health Act**, or for providing information as required by the **Act** to formal patients, guardians, agents, nearest relatives or patient designates.

When an inquiry or investigation is completed, the Patient Advocate Office advises the patient and other principal parties as appropriate regarding the disposition of problems presented for resolution. Responses to inquires not requiring formal investigative procedures are usually provided on a same-day basis. In the case of formal investigations notifications are provided in writing, and all facilities in which the patient has been detained receive a report which includes case specific and/or systemic recommendations relating to the issues investigated. All inquiries are conducted in strict confidence, and the Patient Advocate Office will not disclose any information obtained during an investigation except as required by law or by the performance of its duties under the **Mental Health Act** and **Patient Advocate Regulation**.

MISSION STATEMENT

To serve as a resource for psychiatric patients by:

- Assisting formal (certified) patients involuntarily detained in facilities designated under the Mental Health Act to understand and exercise their rights;
- Investigating and facilitating redress for concerns and complaints relating to formal patients;
- Assessing and recommending revision to facility procedures for:
  - Admitting persons detained under the Mental Health Act;
  - Informing formal patients of their rights;
  - Providing information as required by the Act to guardians, relatives or designates of formal patients;
- Advocating for amendments to mental health and other protective legislation as these relate to formal patients;
- Offering a consumer oriented source of information for psychiatric patients and others acting on their behalf;
- Supporting client perspectives in the development and implementation of mental health policies and procedures;
- Promoting public, professional and consumer awareness of rights related issues in mental health.

The Patient Advocate Office witnessed overall activity levels in 1998 which closely paralleled those of the previous year. Case loads were almost identical in number to those observed in 1997. Resource Service requests increased markedly, but these increases reflect in large part inquiries arising from last year's annual report. Issues presented for resolution did not show similarly significant increases, and the relative plateau in overall office activity observed for the first time last year was largely maintained during 1998. Proactive visits to designated mental health facilities around the province were reduced somewhat because of staffing and administrative changes, but the office continues to maintain regular contact with these hospitals for the purposes of investigating individual and collective complaints.

Provincial data obtained from Alberta Health and individual hospital sources also reflect the status quo with respect to formal patient caseloads. An estimated 2,800 psychiatric patients admitted to designated facilities required certification, a figure which is consonant with 1997 estimates. This finding breaks a lengthy trend showing progressively increasing numbers of patients placed on formal status over the last several years. Similarly, just over 1,600 patients were detained for up to 24 hours under mental health legislation but were not ultimately certified; this too is almost identical to the figure documented in 1997. Overall psychiatric admissions to designated facilities, however, increased almost six per cent and totaled 12,400. This continues the trend of escalating psychiatric admissions cited in previous annual reports. Thus while overall psychiatric admissions continued to increase during 1998, detentions under the **Mental Health Act** did not differ from those documented last year. Moreover, the 20 per cent drop in the average length of stay (ALOS) observed in last year's report was notably reversed during 1998. The ALOS for psychiatric patients in designated facilities increased from 32.6 to 34.4 days, reflecting a rise of almost six per cent. It is interesting that while these hospitals were required to admit increased numbers of psychiatric patients the added pressure did not result in shorter hospital stays as was the case last year.

Some confusion occurred this year regarding our office's automatic notification by Alberta Justice of Fatality Inquiries for formal patients but these problems were resolved early in the year. The Patient Advocate did attend one public inquiry in 1998, and the results of three others were communicated to the Advocate's office by the Chief Medical Examiner and other officials in Alberta Justice. One additional public inquiry originally scheduled for November was rescheduled for early in 1999 and will be attended by an office representative. Other activities during the year involved a request for contributions by the working committee of the Alberta Summit on Justice, and a similar request from

the Provincial Health Council to participate in information exchange sessions on current mental health issues in Alberta. The Patient Advocate also submitted comments on a revised draft of Alberta Health's 'Achieving Accountability' document in preparation for the final version later released by the Minister. The office had considerable interaction as well with health officials in the Province of British Columbia. Like New Brunswick a few years ago, British Columbia has followed Alberta's lead in appointing a dedicated Provincial Mental Health Advocate to monitor psychiatric services throughout the province. Unlike the Alberta and New Brunswick models, however, the Mental Health Advocate office in British Columbia is patterned after Ontario's service in having an administrative as opposed to a statutory base for its operations. Creation of the British Columbia advocacy office accompanies a legislative 'package' of health related and other protective statutes which have yet to be proclaimed and are tentatively scheduled for enaction in 1999. The Patient Advocate has had numerous contacts with his new counterpart in British Columbia by way of exchanging information on advocacy and mental health issues in our respective jurisdictions.

As in previous years not all calls coming to the Patient Advocate Office reflect concerns or complaints. Many simply seek information pertaining to appeal procedures for formal patients or rights related issues associated with involuntary detention and treatment. Probably the most prevalent service routinely rendered by our office is a detailed accounting of rights provisions for patients seeking such information in relation to their own specific situations. Staff in designated facilities also continue to avail themselves of this office's consultative and resource services — seeking opinions on matters of possible confusion or sensitivity. The Patient Advocate Office does not presume to offer legal advice or to promulgate health policy in these instances; referrals to Alberta Justice, practising legal counsel, appropriate divisions of Alberta Health, respective Regional Health Authorities or the Provincial Mental Health Advisory Board are made for those purposes. We are pleased, however, that we continue to be consulted for suggestions pertaining to patient perspectives and rights related matters in the planning and provision of mental health services across the province.

A wide range of concerns was presented to the office for resolution again in 1998. Typically, many captured a legalistic flavour. A few entailed unauthorized treatment administered in the absence of patient consent or the appropriate legal documentation for valid surrogate consent. Most of these instances involved confusion on the part of casual or uninformed staff who were unfamiliar with **Mental Health Act** provisions; the problems were rapidly resolved when patients contacted the Advocate's office. In at least one case a formal patient was refused a hearing before the Review Panel because his certification documents were found to be invalid. The patient's Admission Certificates were not completed within the

prescribed 24-hour period, and new committal documentation was required before the Panel had jurisdiction to hear an appeal. Hospitals detaining and treating patients under the supposed authority of invalid certificates can be potentially liable in civil actions claiming unlawful confinement and/or battery.

In other instances formal patients have been informed just before a scheduled Review Panel that their certificates had been withdrawn. After the cancelled hearings would have been held the patients were certified again or told that if they attempted to leave the facility they would be re-certified. These actions are usually viewed as manipulative and unfair by both patients and this office. Hospital staff in one instance agreed that the attending physician's decision reversal could be interpreted as denying a formal patient the right to appeal his Admission Certificates. Resolution was obtained by having another physician perform a mental status examination to determine if the patient did indeed continue to meet the criteria for involuntary detention prescribed in the **Mental Health Act**. The patient was not deemed to meet these criteria and was subsequently discharged when he declined to remain in hospital on voluntary status. Other patients whose formal status was reinstated were required to re-apply for and await rescheduled Review Panel proceedings.

Not all concerns coming to our office have a legal focus. Complaints relating to sanitary conditions in some hospitals have continued to come to our attention, as have concerns about perceived service shortfalls, inadequate social/financial assistance, wait lists for psychiatrists in the community and full capacity or overcounts on hospital psychiatric units. While these continuing problems apparently persist they were cited less frequently than those documented in last year's report. One mental health client not currently in hospital shared his personal frustration during a presentation by office staff at an evening meeting of a local consumer group. The patient noted that while he generally fares well in the community he typically requires occasional hospitalization when extensive medication changes are required. The patient expressed anxiety about his increasing difficulty getting into hospital, noting "I can't seem to change my medications in a safe place anymore — and that scares me."

Our office continues to enjoy positive relations with designated facilities, community health agencies, consumer groups, appeal bodies and other organizations offering services to mental health clientele. Specific mention has been made in past reports of how the legal support system appears to be accommodating most certified patients' needs in satisfactory fashion. Referrals for legal assistance are often made to the Legal Aid Society, which provides representation at Review Panel hearings for the majority of patients contesting their medical certificates. It has been noted for some time that this service seems superior in some parts of the province where duty rosters are in effect and this observation has been shared

with the Society. Our office received several complaints this year from both patients and staff in designated facilities about the quality of some legal representation offered through Legal Aid. This matter was addressed collaboratively through hospital staff, Review Panel chairpersons and Legal Aid Society officials, with a view to identifying counsel who appear ill prepared in representing clients at Review Panel proceedings. Responses from all parties concerned were prompt and positive, and the problem seems to have been satisfactorily resolved; no further complaints of inadequate representation have been encountered by our office for several months.

Past reports have also acknowledged our positive working relations with the Provincial Mental Health Review Panels. Our observations continue to suggest that the Review Panel provisions prescribed in the **Mental Health Act** appear to be functioning effectively; any issues that arise are addressed directly with the chairperson(s) involved. In addition to this ongoing cooperation it is noteworthy that there have been surprisingly few valid complaints against these administrative tribunals over the years, despite their difficult and sensitive role. That is not to say there is agreement on all issues. One current difference of opinion focuses on the question of whether Renewal Certificates can be appealed to the Review Panel after an Originating Notice has been filed with the Court of Queen's Bench for an adjudication of the Panel's decision on the original set of Admission Certificates. It has been our understanding that formal patients have the right to apply for a review on each set of Renewal Certificates, notwithstanding any outstanding applications to adjudicate earlier Panel decisions. Indeed, in past instances with which we are familiar this has occurred. During the year, however, a formal patient was denied the right to appeal her Renewal Certificates under **section 38** because an Originating Notice had been filed for an adjudication of the Review Panel's previous decision to uphold her original Admission Certificates. The Review Panel chairperson in this instance informed the patient that further applications could not be accepted until such time as the court hears the appeal on the earlier expired certificates. It was argued that it would not be respectful of the appeal process to have the Review Panel deal with the issue while the matter is before the court, and the fact that new certificates were subsequently furnished is not relevant.

Court dates typically entail lengthy delays, often comprising many months, and to deny formal patients their right of appeal on subsequently issued Renewal Certificates seems both unfair and at variance with the spirit or intent of other **Mental Health Act** provisions. This decision was also inconsistent with past practice, and I thus sought to clarify the matter through the obtaining of a formal legal opinion. The resulting written legal opinion obtained from Alberta Justice supported the Patient Advocate's view that Panel proceedings to review Renewal

Certificates issued subsequent to the filing of a Court of Queen's Bench application are consistent with **sections 37, 38** and **43** of the **Mental Health Act**. It was further argued that the past practice of holding such hearings is also in keeping with the common law duty to be fair. Sharing this legal opinion with the Review Panel chairperson in question failed to resolve the issue. I continue to work with officials in Alberta Health and Alberta Justice to resolve this impasse to the satisfaction of all concerned. At the time of writing it remains unclear whether resolution can best be pursued through administrative channels or through my seeking standing before the court to request a judicial ruling on the matter.

A. General

Overall activities of the Patient Advocate Office for the 1998 calendar year are summarized in **Table I**. These data reflect a combination of both resource service and case file activities undertaken during the year. Unless otherwise noted the proportions and breakdowns presented are comparable with previous years' findings.

Table I

Resource Services

Issues	871
Contacts	652

Case Files

Issues	1,440
Contacts	1,684
New Files	253

Overall Activity

Total Issues	2,311
Total Contacts	2,336

The Patient Advocate Office engaged in 2,336 personal, telephone or written contacts with Alberta citizens during 1998. These contacts represent a nine per cent increase over those documented for the previous year, but as indicated earlier in this report they do not reflect significant differences in the numbers of problems presented for resolution. Overall issues totaled 2,311, almost identical to those documented in 1997. This latter concordance clearly reflects a continuation of the relative plateau in overall office activity which commenced last year. Total issues are broken down by category in **Figure I** and the historical trend of issues presented to the office is shown in **Figure II**. Most presenting problems continue to be of a legal nature, reflecting ongoing emphases on the involuntary apprehension, detention and treatment provisions of the **Mental Health Act**.

Figure I

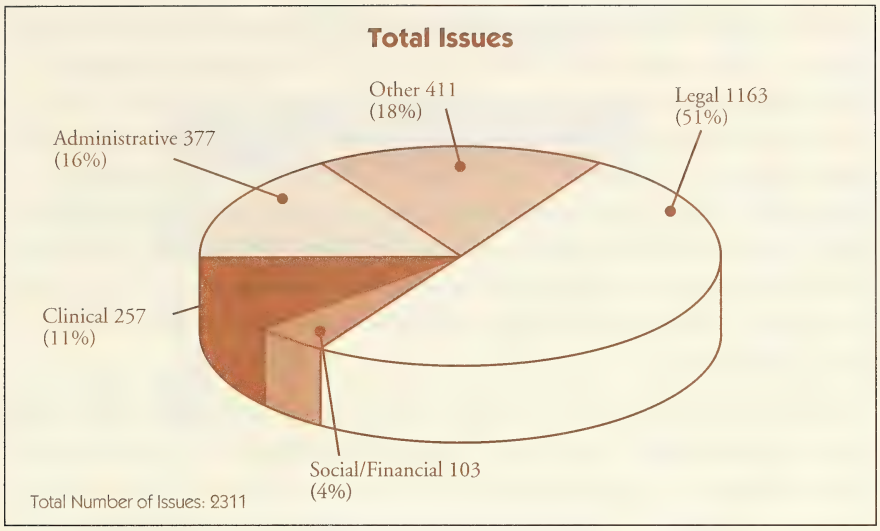
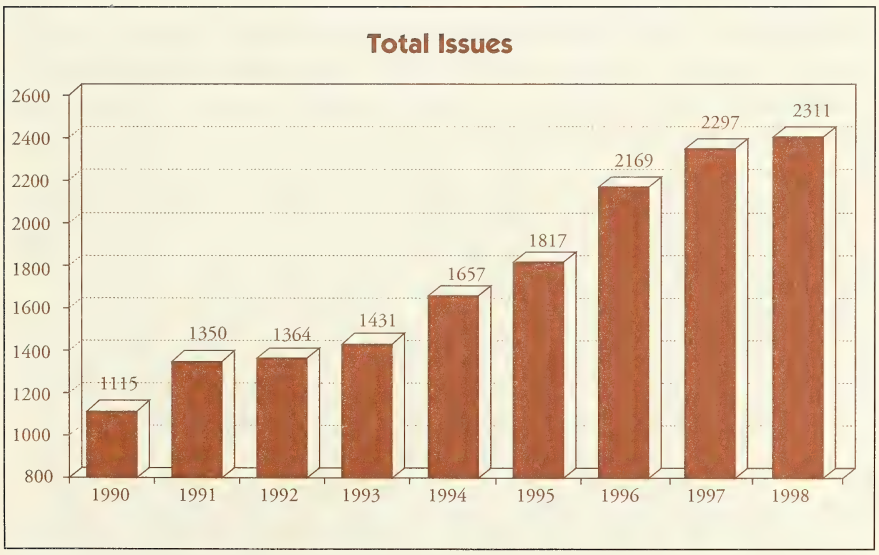


Figure II



B. Resource Services

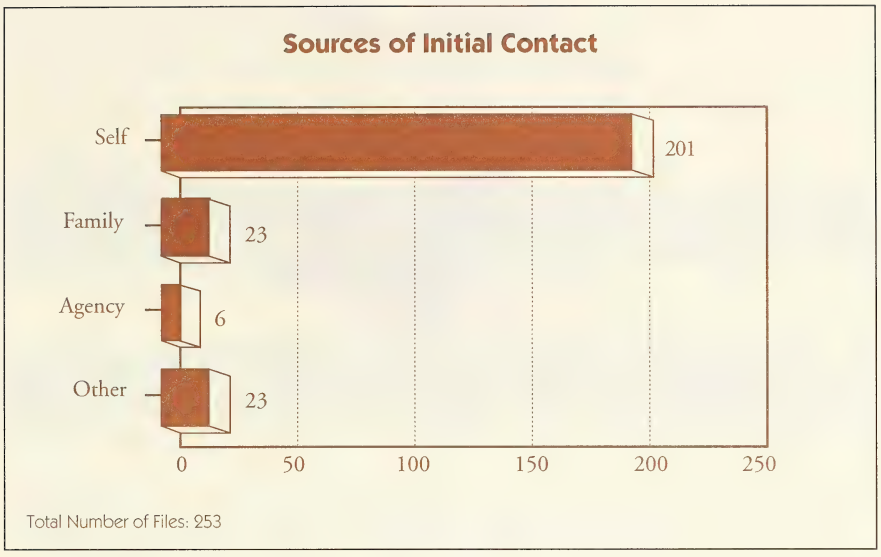
Resource Services comprise both office initiated and response related activities in which the office is used as an information source for persons seeking advice on individual problems or systematic matters relating to psychiatric services. Case files are not opened in these instances since callers are not concerned with specific patients detained in designated mental health facilities. Most resource service requests come from individual citizens but many emanate as well from a diverse range of agencies, government departments, legal firms, professional associations, MLA offices, consumer organizations and health or social service providers across the province. Some also come from concerned citizens, agencies and officials in other jurisdictions.

A total of 652 non-case related resource service contacts were documented during the year, an increase of 36 per cent over those recorded in 1997. The number of individual issues or problems presented in the context of these collective resource service requests was 871, reflecting a 16 per cent increase over those addressed last year.

C. Case Work

Case files involve inquiries and investigations concerning patients currently or recently residing in designated mental health facilities. **Figure III** provides a breakdown of initial case contacts, showing the numbers and proportions coming from patients themselves, family members and agencies on their behalf, or from other alternate sources such as friends, neighbors, landlords, MLA's, other patients, concerned citizens, etc.. Once again, most cases (79 per cent) were self referred. Over 96 per cent of initial case contacts consisted of telephone inquiries; the balance were predominantly personal contacts deriving from our routine visits to designated psychiatric hospitals. These personal contacts were reduced somewhat this year, paralleling our less frequent site visits to designated facilities because of staffing and other administrative changes in the office. Only a few initial case contacts (about one per cent) were received in written form. These modality figures do not distinguish between service requests originating directly from clients themselves and those emanating from third party referrals. In all cases, however, the patient is considered the client and third party complainants or referral agencies are subject to the strict confidentiality provisions prescribed for the office in the **Patient Advocate Regulation**.

Figure III



New case files opened during 1998 totaled 253, almost identical to the 1997 figure. The number of case related problems presented for resolution declined almost seven per cent during the year and totaled 1,440. The contacts required to resolve these case related concerns were 1,684, up almost two per cent from the previous year. The average number of contacts required to resolve case related matters were 6.7, consistent with the averages recorded in previous years.

Figure IV describes the legal status of patients for whom case files were opened during the year. The term 'Other Involuntary' denotes patients under compulsory detention in designated mental health facilities by way of Disposition Orders from the courts or Forensic Boards of Review, Compulsory Care Orders under the **Dependent Adults Act**, or single Admission Certificates pursuant to the **Mental Health Act**. The term ' Other' simply represents a catch-all category for patients not falling into any of the other classifications. It denotes persons currently or recently in hospital whose legal status was either irrelevant to the presenting problem or undetermined due to lack of information from the complainant. About 73 per cent of case file requests for assistance involved currently certified patients, slightly lower than the proportion recorded last year but higher than similar percentages documented in previous years. The remaining service requests related to voluntary patients, those involuntarily admitted under only one medical certificate or patients detained under authorities other than the **Mental Health Act**. These patients remain non-jurisdictional for our office.

Figure IV

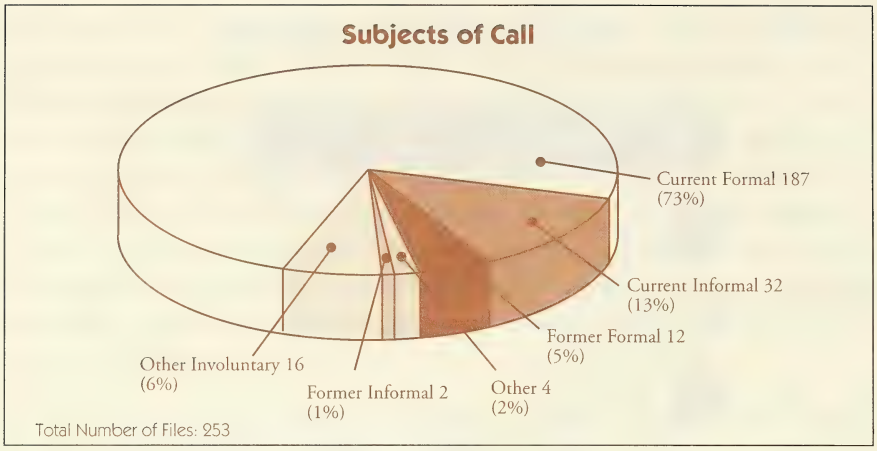


Table II denotes the disposition of case related issues during 1998, illustrating outcomes independently for jurisdictional and non-jurisdictional matters. Of the case related issues presented to the office, 1,236 or 86 per cent were jurisdictional, a level which has gradually increased during recent years. Over 81 per cent of presenting problems were 'resolved', but as in previous reports this does not necessarily reflect complete consumer satisfaction in every instance. Rather, it denotes actions and outcomes which capture all that might reasonably be accomplished by an advocacy service relative to the matters presented for assistance and/or resolution.

Table II
Issues — Disposition

Period January 1 – December 31, 1998

Disposition	Jurisdictional	Non-Jurisdictional	Total No.	%
R	1088	83	1171	81.3
U	16	1	17	1
D	40	14	54	4
D&R	83	105	188	13
NR/NA	3	1	4	0.3
NR/RNF	6	0	6	0.4
Total Issues	1236	204	1440	100

Legend:

R — Resolved (fully or partially; see previous note)

U — Unsubstantiated
(verification not obtained, or issue remains sufficiently undefined as to preclude pursuit)

D — Discontinued
(inquiries/investigation dropped by the off.ce or complainant due to lack of ability/need to further pursue; this can include an inability to establish jurisdiction)

D&R — Declined and Referred
(pertains primarily to non-jurisdictional issues when information or informal assistance are inappropriate or insufficient to resolve the matter; for jurisdictional concerns, denotes either that the patient is capable of pursuing remedy via established mechanisms but has made no attempts to do so, or that ultimate resolution is beyond the scope of office authority)

NR/NA — Not Resolved
(remedy not available)

NR/RNF — Not Resolved
(recommendations not acted upon, or investigation/follow-up not yet completed)

D. Agency Contacts

The Patient Advocate Office deals with a wide range of individuals, offices and agencies each year. The following is a listing of most major sources other than individual complainants with which the office had direct contact during 1998.

Government Departments and Offices

Alberta Alcohol and Drug Abuse Commission

Alberta Community Development

- Human Rights and Citizenship Commission

Alberta Family and Social Services

- Assured Income for the Severely Handicapped
- Child Welfare Department
  - Calgary
  - Edmonton
  - Family and Youth Support Services
- Children's Advocate
- Library Services
- Office for the Prevention of Family Violence
- Public Guardian
  - Provincial Office
  - Regional Offices
- Social Care Facilities Review Committee

Alberta Health

- Communications
- Corporate Services
- Deputy Minister
- Finance and Health Plan Administration
- Freedom of Information and Privacy Protection
- Health Facilities Review Committee
- Health Information and Accountability
- Health Policy
- Health Strategies
- Health Workforce Services
- Library Services
- Mental Health Review Panels
  - Calgary
  - Edmonton
  - Ponoka
- Minister
- Standards and Measures

Alberta Legislative Library

Alberta Justice
- Chief Medical Examiner
  - Calgary
  - Edmonton
- Civil Law Branch
- Crimes Compensation Board
- Library Services
- Protective Services
- Public Trustee
- Victim Services

Ethics Commissioner

Information and Privacy Commissioner

MLA Offices:
- Jocelyn Burgener (Calgary-Currie)
- Stockwell Day (Red Deer-North)
- Sue Olsen (Edmonton-Norwood)
- Mary O'Neill (St. Albert)
- Howard Sapers (Edmonton-Glenora)
- Shiraz Shariff (Calgary-McCall)
- Ron Tannas (Highwood)

Premier's Council on Persons with Disabilities

Provincial Legislature
- Ceremonial and Security Services

Provincial Ombudsman

Public Affairs Bureau

Queen's Printer

Other Government Departments and Offices

British Columbia Ministry of Health
- Mental Health Advocate
- Mental Health Services
- Policy and Planning
- Special Health Law Consultant

British Columbia Provincial Ombudsman

City of Edmonton
- Community and Family Services
- Emergency Health Services
- Home Care

Government of Canada
- Federal MP Offices
  - Matthew Johnston (Reform)

- National Library of Canada: Ottawa, Ontario
- Occupational Health and Safety
- Transport Canada
  - Air Security

New Brunswick Legislative Library: Fredericton

New Brunswick Ministry of Health
- Psychiatric Patient Advocate: Moncton

Ontario Ministry of Citizenship and Culture
- Child Protection Services: Toronto

Ontario Ministry of Health
- Psychiatric Patient Advocate: Toronto

Saskatchewan Department of Justice: Regina

Facilities

- Alberta Children's Hospital
- Alberta Hospital Edmonton
- Alberta Hospital Ponoka
- Claresholm Care Centre
- Foothills General Hospital: Calgary
- Grey Nuns Hospital
- Lethbridge Regional Hospital
- Medicine Hat Regional Hospital
- Misericordia Hospital
- Northern Lights Regional Health Centre: Ft. McMurray
- Peter Lougheed Centre: Calgary
- Queen Elizabeth II General Hospital: Grande Prairie
- Rockyview General Hospital: Calgary
- Royal Alexandra Hospital
- University of Alberta Hospitals

Community Agencies and Organizations

- Alberta Association for Marriage and Family Counselling
- Alberta Community Living Association
- Alberta Medical Association
- Alberta Psychiatric Association
- Alberta School for the Deaf
- Alberta Summit on Justice
- Alberta Vocational College: Lac La Biche
- Anderson, Dawson, Knisely and Stevens
- Boyle Street Community Services Cooperative
- Calgary Association of Self Help
- Canadian College of Health Service Executives: Ottawa, Ontario
- Canadian Forces Base: Edmonton

- Canadian Mental Health Association
  - Provincial Office
  - Regional Offices
- Canadian National Institute for the Blind
- Catholic Social Services
- Centre for Immigrant Women
- Child and Adolescent Services Association
- Citizen's Commission on Human Rights
- College of Physicians and Surgeons of Alberta
  - Advocate Office
- Edmonton City Police
- Edmonton Community Adult Learning Association
- Edmonton Social Planning Council
- Elderly Adult Resource Services
- Emery, Jamieson
- Everglade Special Care Home: Spruce Grove
- Forensic Assessment and Community Services
- Fresh Start Recovery Society
- Gateway Association for Community Living
- Good Samaritan Society
- Grande Prairie College
- Grant MacEwan Community College
    - Bioethics Department
    - Social Care Program
- Landlord and Tenant Advisory Board
- Legal Aid Society of Alberta
  - Provincial Office
  - Regional Offices
- McMan Youth Services Association
- McMaster University: Hamilton, Ontario
- Mehan, Haddad: Brandon, Manitoba
- Mood Disorder Association: Medicine Hat
- Mount Royal College: Calgary
- National Access Awareness Society
- Native Support Network
- Northern Alberta Brain Injury Society
- Paramedical Services
- Provincial Health Authorities of Alberta
- Provincial Health Council of Alberta
- Provincial Mental Health Advisory Board
  - Community Living Program (CLIP)
  - Provincial Office
  - Regional Clinics
- Regional Health Authorities
  - Calgary
    - Security Services
  - Capital
    - Environmental Health
    - Patient Concerns

    - Chinook
    - David Thompson
    - Mistahia
    - Northern Lights
    - Palliser
- Registered Psychiatric Nurses Association of Alberta
- Royal Canadian Mounted Police
    - Fort Saskatchewan Detachment
    - Public Complaints Commission
- Schizophrenia Society of Alberta
    - Calgary Office
    - Edmonton Office
    - Unsung Heroes (Support Group)
- Schizophrenia Society of Canada: Saskatoon, Saskatchewan
- Singleton, Urquart and Scott: Calgary
- Support Network
    - Community Service Referral Line
    - Crisis Response Team
- University of Alberta
    - Faculty of Extension
    - Faculty of Law
    - Faculty of Medicine and Dentistry
    - Faculty of Nursing
    - Health law Institute
    - Legal Resource Centre
    - Social Services Department
    - Student Legal Services
- University of Calgary
    - Faculty of Law
    - Faculty of Medicine
    - MacKimmie Library
- University of Lethbridge
- University of New Brunswick: Fredericton
    - Gerard La Forest Law Library
    - Harriet Irving Library

Media Contacts

- CBC French Radio
- CBC Radio
- CFRN Television
- CHED Radio
- Edmonton Journal
- Edmonton Sun
- Information Network: Ottawa, Ontario
- QR 77 Radio: Calgary
- Southam Information and Technology Group: Don Mills, Ontario
- St. Albert Gazette
- Stettler Independence

Index to Appendices

Rights Summary for Formal Patients

If you are a formal (involuntary) patient under the **Mental Health Act** you have numerous rights. The Mental Health Patient Advocate Office has summarized a few of these rights for your information.

Rights Regarding Your Detention

You have the right to be informed of the reasons for your involuntary detention, and to receive copies of your admission or renewal certificates.

You have the right to appeal being kept in hospital against your will by applying to the Review Panel.

> The hospital will provide you with the name and address of the Review Panel Chairman, an application for review (Form 12), and any assistance you may require in making your application to the Review Panel.

You and your lawyer **have the right** to be present when evidence is given at the Review Panel hearing, and to question any person who gives evidence.

You have the right to appeal a decision of Review Panel to not cancel your admission or renewal certificates.

Rights Regarding Your Treatment

You have the right to refuse a treatment if you are mentally competent to make your own treatment decisions.

> If you object to treatment, your doctor may apply to the Review Panel. The Review Panel will review your situation, and either support your objection or support your doctor's application for a compulsory treatment order.

You have the right to apply to the Review Panel for a hearing to appeal your doctor's certificate (Form 11) stating that you are not mentally competent to make your own treatment decisions.

You and your lawyer **have the right** to be present when evidence is given at Review Panel hearings, and to question any person who gives evidence.

You have the right to appeal a treatment order or other written decision of the Review Panel.

General Rights

You have the right to contact and receive visits from your lawyer at any time.

You may arrange legal representation for your Review Panel hearing if you so desire. Appeals of Review Panel decisions are made to the court of Queen's Bench, and will require the assistance of a lawyer.

You have the right to confidentiality for all clinical records pertaining to your care in hospital, and for any communications written by you or to you. Hospital staff cannot open, read, withhold or interfere with the delivery of your correspondence.

You have the right to receive visitors during visiting hours fixed by the hospital unless your doctor thinks that visitors would be harmful to your health.

You have the right to contact the office of the Mental Health Patient Advocate regarding any questions or concerns that you might have with respect to your rights or care while in hospital.

For additional information call the Mental Health Patient Advocate Office at:

- Edmonton: **(780) 422-1812**
- Other Centres in Alberta:
  dial **310-0000-422-1812**
  (No long distance charges apply)

Budget and Expenditures

Fiscal Year	Budget Allocation	Annual Expenditure	Surplus*
1990 – 91	358,518	243,810	114,708
1991 – 92	385,485	262,944	122,541
1992 – 93	385,189	256,359	128,830
1993 – 94	322,324	192,819	129,505
1994 – 95	299,000	176,759	122,241
1995 – 96	299,000	193,217	105,783
1996 – 97	262,000	186,816	75,184
1997 – 98	267,000	211,758	55,242
1998 – 99	285,000		

*Surplus returned to General Revenue

Mental Health Act

Designation of Facilities

The following hospitals are designated under the **Mental Health Act** as facilities for the care, observation, examination, assessment, treatment, detention and control of persons suffering from mental disorder:

- The Alberta Hospital Edmonton
- The Alberta Hospital Ponoka
- The Caritas Health Group
  - Grey Nuns Hospital, Edmonton
  - Misericordia Hospital, Edmonton
- The Foothills Provincial General Hospital, Calgary
- Lethbridge Regional Hospital
- Medicine Hat Regional Hospital
- Northern Lights Regional Health Centre (formerly Ft. McMurray Regional Hospital)
- Peter Lougheed Centre, Calgary
- Queen Elizabeth II Hospital, Grande Prairie
- Rockyview General Hospital, Calgary
- Royal Alexandra Hospital, Edmonton
- University of Alberta Hospitals, Edmonton

The Forensic Services of the Peter Lougheed Centre and the Alberta Hospital Edmonton are designated as facilities for the purpose of **section 13** of the **Act.**

Part 6 — Mental Health Patient Advocate

Definition

44 In this Part, "Patient Advocate" means the Mental Health Patient Advocate appointed under section 45.

Patient Advocate

45(1) The Lieutenant Governor in Council shall appoint a Mental Health Patient Advocate, who shall investigate complaints from or relating to formal patients and exercise such other powers and perform such other duties as are prescribed in the regulations.

(2) The Lieutenant Governor in Council may make regulations

(a) respecting the powers and duties of the Patient Advocate;

(b) requiring boards to make available any information referred to in the regulations for the purpose of an investigation by the Patient Advocate.

Employees and advisors

46(1) In accordance with the Public Service Act there may be appointed any employees required to assist the Patient Advocate in performing his duties under this Act.

(2) The Patient Advocate may engage the services of lawyers, psychiatrists or other persons having special knowledge in connection with his duties under this Act.

Annual report

47(1) As soon as possible after the end of each year, the Patient Advocate shall prepare and submit to the Minister a report summarizing his activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then sitting, and if not, within 15 days after the commencement of the next ensuing sitting.

Mental Health Act

Patient Advocate Regulation

Table of Contents

Definitions

1 In this Regulation,
(a) "Act" means the **Mental Health Act**;
(b) "formal patient" includes a person who has been a formal patient;
(c) "Patient Advocate" means the Mental Health Patient Advocate appointed under the Act.

Delegation

2 The Patient Advocate may in writing delegate to any person holding any office under him any power or duty conferred or imposed on him under the Act or the regulations under the Act, except the power of delegation in this section and the power or duty to make any report under the Act or regulations.

Power to act on a complaint relating to a formal patient

3(1)On receipt of a complaint from or relating to a formal patient, the Patient Advocate
(a) shall notify the board of the facility in which the formal patient is detained of the nature of the complaint,
(b) shall notify the formal patient, in writing, that a complaint has been received, of the nature of the complaint and of any investigation arising from the complaint,
(c) if a person other than a formal patient is named in the complaint, shall notify that person of any investigation arising from the complaint, and
(d) shall make any contact with the formal patient and conduct any investigation of the complaint that the Patient Advocate considers necessary.

(2) If a complaint relates to a formal patient who has been transferred from one facility to another, the notice under subsection (1) (a) shall be provided to the boards of both facilities.

(3) A formal patient and a person who has received notice of an investigation under subsection (1) (c) has the right to make representations to the Patient Advocate relating to the complaint.

(4) The Patient Advocate may investigate a complaint only as it relates to the period during which the person who is the subject of the complaint was subject to 2 admission certificates or 2 renewal certificates.

(5) On receipt of a complaint, the Patient Advocate shall provide to the formal patient and to the complainant, as far as is reasonable, information respecting the following:
(a) the rights of the formal patient under the **Mental Health Act**;
(b) how the formal patient may obtain legal counsel;
(c) how to make an application to the review panel;
(d) how to commence an appeal to the Court of Queen's Bench.

Power to initiate an investigation without a complaint

4 The Patient Advocate may, without receiving a complaint, initiate and conduct an investigation into
(a) any procedure of a facility relating to the admission of a person detained in the facility pursuant to the Act, and
(b) any procedure of a facility
(i) for informing a formal patient of his rights, or
(ii) for providing information as required by the Act to guardians, nearest relatives or designates of a formal patient.

Procedures

5(1) The Patient Advocate

(a) shall maintain a record relating to every complaint and every investigation under this Regulation, and

(b) may make any inquiries he considers necessary to conduct an investigation.

(2) The Patient Advocate shall notify the board of a facility of his intention to contact a patient or a formal patient of the facility and the board shall grant the Patient Advocate access at all reasonable times.

(3) The Patient Advocate shall notify the board of a facility of his intention to carry out an investigation that relates to the facility, whether the investigation arises pursuant to section 3 or 4.

(4) The Patient Advocate is not required to hold a hearing.

(5) If the Patient Advocate requests in writing from the board of a facility

(a) any policy or directive of the facility,

(b) any medical or other record or any information, file or other document relating to a patient or a formal patient who is the subject of an investigation under section 3 or 4, or

(c) any other information, file or document relating to an investigation under section 3 or 4,

the board shall, within a reasonable time after receipt of the request, provide access to the materials requested.

(6) If the Patient Advocate so requests, the board shall provide a copy of any materials requested under subsection (5).

Disclosure

6 The Patient Advocate shall not disclose information obtained in the course of an investigation except as required by law or in the performance of his duties under the Act or this Regulation.

Report

7(1) On completion of an investigation, the Patient Advocate shall prepare and send to a board a copy of the report of the investigation.

(2) A report that contains recommendations shall state the reasons for the recommendations.

(3) If a report is sent to a board under subsection (1) and within a reasonable time after the report is sent to the board the Patient Advocate is of the opinion that the board has not taken appropriate action on any recommendation, the Patient Advocate shall send a copy of the report and the board's response, if any, to the Minister.

Frivolous complaint

8 The Patient Advocate may refuse to investigate or cease to investigate a complaint if in his opinion
(a) the subject matter of the complaint is trivial,
(b) the complaint is frivolous or vexatious, or
(c) having regard to all of the circumstances, no investigation is necessary.

Notice to complainant

9 The Patient Advocate
(a) shall inform a formal patient of the disposition of any complaint that relates to the formal patient, and
(b) may inform a complainant of the disposition of any complaint initiated by the complainant.

Coming into force

10 *This Regulation comes into force on January 1, 1990.*